

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Housing Authority of the County of Beaver

b. Employer/Taxpayer Identification Number (EIN/TIN): 25-6001767

	c. Organizational DUNS:	077484996	PLUS 4:	
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d. Address

Street 1: 300 State Street

Street 2:

City: Beaver

County: Beaver County

State: Pennsylvania

Country: United States

Zip / Postal Code: 15009

e. Organizational Unit (optional)

Department Name: Housing Authority of Beaver County

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mrs.

First Name: Darcy

Middle Name: L.

Last Name: Casey

Suffix:

Title: Project Coordinator

Organizational Affiliation: Housing Authority of the County of Beaver

Telephone Number: (724) 775-1220

Applicant: The Housing Authority of the County of Beaver
Project: Safely Home

07-748-4996
164004

Extension: 19
Fax Number: (724) 630-2019
Email: darcycasey@att.net

1C. SF-424 Application Details

9. Type of Applicant: La. Public Housing Authority

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Pennsylvania
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Safely Home

16. Congressional District(s):

a. Applicant: PA-012

b. Project: PA-012
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2019

b. End Date: 07/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Mr.

First Name: Brian

Middle Name:

Last Name: Yaworsky

Suffix:

Title: Executive Director

Telephone Number: (724) 775-1220
(Format: 123-456-7890)

Fax Number: (724) 630-2016
(Format: 123-456-7890)

Email: habby@comcast.net

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Housing Authority of the County of Beaver

Prefix: Mr.

First Name: Brian

Middle Name:

Last Name: Yaworsky

Suffix:

Title: Executive Director

Organizational Affiliation: Housing Authority of the County of Beaver

Telephone Number: (724) 775-1220

Extension: 16

Email: habby@comcast.net

City: Beaver

County: Beaver County

State: Pennsylvania

Country: United States

Zip/Postal Code: 15009

2. Employer ID Number (EIN): 25-6001767

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$221,778.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Brian Yaworsky, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/31/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Housing Authority of the County of Beaver

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Brian

Middle Name

Last Name: Yaworsky

Suffix:

Title: Executive Director

Telephone Number: (724) 775-1220
(Format: 123-456-7890)

Fax Number: (724) 630-2016
(Format: 123-456-7890)

Email: habby@comcast.net

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Housing Authority of the County of Beaver

Name / Title of Authorized Official: Brian Yaworsky, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Housing Authority of the County of Beaver

Street 1: 300 State Street

Street 2:

City: Beaver

County: Beaver County

State: Pennsylvania

Country: United States

Zip / Postal Code: 15009

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Brian

Middle Name:

Last Name: Yaworsky

Suffix:

Title: Executive Director

Telephone Number: (724) 775-1220
(Format: 123-456-7890)



Fax Number: (724) 630-2016
(Format: 123-456-7890)

Email: habby@comcast.net

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/14/2018

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Housing Authority of the County of Beaver (HACB) has a strong record in managing and administering programs that assist homeless households (HHs), moving HHs to secure, stable housing as quickly as possible. HACB worked closely w/ our county Community Action Agency through the Homeless Prevention/Rapid Rehousing grant years & now works w/ a local non-profit administering the Emergency Solutions Grant & the Supportive Services for Veteran Families. HACB's policy is to give an admissions preference to survivors of domestic violence and homeless HHs.

HACB currently administers two CoC Permanent Supportive Housing grants & consistently obtains the required match from community partners. These partners recognize the commitment of HACB to further the development & availability of safe, affordable and supportive housing to meet the needs of low-income, disabled county residents. HACB meets all program & financial reporting deadlines. The programs undergo internal & external monitoring.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

HACB is an experienced veteran in the area of program management and fiscal responsibility. The following is a description of the size and type of housing alternatives governed by HACB:

- 161 units of HACB-owned Market Rate units
- 1840 units of Section 9 Public Housing (1022 family units and 818 elderly units)
- 153 units in Tax Credit properties
- 105 units of Section 8 New Construction
- 581 units of Housing Choice Vouchers contracted
- 25 units Tenant Based Rental Assistance
- 2 CoC Permanent Supportive Housing pgms
- CDBG funded Home Improvement Pgm
- Weatherization Pgm funded by PA Dept of Energy
- Low Income Housing Energy Assistance Pgm
- Homeless Transitional/Emergency Shelter pgm funded by local/private donations

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The Housing Authority of the County of Beaver has been in operation since 1940 and currently has 81 employees. We have an Executive Director and

Deputy Director/Comptroller who are responsible for the oversight, development and integration of all of the Housing Authority's projects. The accounting department executes all financial operations of the HACB. (Please see the attached HACB Finance Policy & Procedures adopted by Board Resolution December 1, 2016.) The Director of Housing Management is in charge of the Occupancy Department and makes sure the rules and regulations of Section 8, Public Housing, Multi-Family and the Tax Credit Department are followed. The Director of Operations Oversees the maintenance department and the contractors and sub-contractors.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: PA-603 - Beaver County CoC

1b. CoC Collaborative Applicant Name: County of Beaver

2. Project Name: Safely Home

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The Housing Authority of the County of Beaver(HACB)'s Safely Home(SH) program, in partnership w/The Women's Center of Beaver County(WCBC), proposes to develop a Rapid Rehousing(RRH) project to target households(HHs) fleeing domestic violence(DV), dating violence, sexual assault, stalking, &/or victims of human trafficking.SH would provide medium-term rental assistance, counseling/advocacy services(svcs) & provide supportive svcs found in 6F of this application(24CFR578.53 attached).SH feels the higher pgm cost/ HH is justified to support/maintain HHs seeking refuge & safety.

CoC funding is being sought because Beaver Co(BC)is lacking in housing assistance for this population. BC's non-CoC RRH funds do not provide medium-term rental assistance. Permanent Supportive Housing prioritizes chronically homeless HHs & often survivors of these crimes don't meet that threshold for homelessness.The WCBC has an emergency shelter & a limited amt of transitional housing units.WCBC statistics showed that only 16% of HHs accessing their svcs are able to obtain subsequent permanent housing. WCBC will hire a mobile casemanager to engage in safety planning, trauma-informed counseling, educate prospective tenants about VAWA, & provide legal advocacy.WCBC will conduct on-going in-home visits.Clients will be encouraged to keep a relationship w/WCBC to ensure the safety plan is maintained & that the HH can live their life free from abuse & the abuser. HHs would access SH through the CoC Coordinated Entry(CE) system. A referral to WCBC for case mgmt would occur. Once engaged by SH, staff from HACB & WCBC would work w/the HH to identify any existing natural supports & connect the HH w/ resources that would strengthen the HH's ability to obtain & maintain PH. SH would meet w/clients on an "as needed" basis, no less than monthly.

SH will follow a Housing First philosophy, adhere to the Equal Access Rule, & educate HHs on the Fair Housing Act. Geographic diversity will be central to the selection of housing by HHs.SH will use supports provided by McKinney-Vento to expedite school enrollment for the children. Adults w/ children ages 0-5 will be given referrals to mainstream resources that provide developmental/educational interventions.SH will coordinate w/our CoC's participating agencies & other ancillary support agencies such as Neighborhood Legal Svcs & the BC Anti Human Trafficking Coalition. HACB has long-standing relationships w/landlords in our CoC svc area.

Anticipated project outcomes: 80% obtaining/maintaining/increasing income, 65% reduction in the rate of return to an abusive situation,& 85% transitioning into PH within 24 months.

SH recognizes that HHs fleeing DV (or other related crimes) have unique needs & face many barriers to feeling as though they are "safely home". SH is designed to move HHs rapidly to safety & stability. SH expects to assist 16 HHs/32 people over the term of the grant. It will fully participate in the HMIS reporting system.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	60			
Participant enrollment in project begins?	90			
Participants begin to occupy leased units or structure(s), and supportive services begin?	120			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	365			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

N/A

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one No

structure?

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

HACB will meet with the potential client to conduct a housing needs assessment. Then, w/ the client, HACB will contact reliable landlords w/ whom they've worked closely in the past. All properties will pass habitability standards. Clients will choose the community in which they'll live. Moving assistance is available if needed. Furniture & household (HH) goods acquisition will be provided by WCBC & mainstream resources.

Initially, clients will be engaged on a daily basis by both HACB & WCBC. In order to stabilize/maintain their housing, every effort will be made to broaden the HH's support network--both natural supports & agency supports. Links to income-raising agencies such as Job Training or the Social Security office will be made. Referrals to therapists also may be made. Only after the HH expresses a sense of safety will the HHs be engaged on a "as needed" basis, no less than once a month. WCBC will continue trauma-informed counseling as long as the HH wishes.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

. Each HH, in their housing stability plans, will have a plan tailored to that particular HH to address increasing their employment &/or income, thereby enhancing the probability they will eventually be able to live independent of rental assistance.

HACB & the client will engage agencies such as Job Training, Career Link, Office of Vocational Rehabilitation, BC Rehabilitation Center to help clients work

toward employment goals. Some clients may be linked w/ GED or Adult Literacy classes. Other clients may be linked w/volunteer positions to gain experience & confidence. Eligible clients not receiving SS benefits will be referred to the SOAR pgm.

Some clients may be encouraged to sign up for budgeting classes & those w/o a bank account will be given help to obtain one. Low income clients will be given information on how to access utility energy assistance pgms.

All clients will be referred to local food banks & be encouraged to apply for SNAP benefits to maximize their food budget.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.

Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Applicant	As needed
Life Skills Training		Non-Partner	As needed
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 16

Total Beds: 32

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	16	32

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 16

b. Beds: 32

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 300 State Avenue

Street 2:

City: Beaver

State: Pennsylvania

ZIP Code: 15009

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

429007 Beaver County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	8	8	0	16
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	5	6		11
Adults ages 18-24	3	2		5
Accompanied Children under age 18	16		0	16
Unaccompanied Children under age 18			0	0
Total Persons	24	8	0	32

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	0	0	0	5	0	0	0
Adults ages 18-24	0	0	0	0	0	0	3	0	0	0
Children under age 18	0			0	0	0	16	0	0	0
Total Persons	0	0	0	0	0	0	24	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	1	0	0	0	5	0	0	0
Adults ages 18-24	0	0	0	0	0	0	2	0	0	0
Total Persons	0	0	1	0	0	0	7	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

15%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
	Directly from safe havens.
30%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
5%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

We expect the majority of referrals to Safely Home (SH) will come through Coordinated Entry (CE). CE uses a CoC-developed scoring tool; potential pgm participants will have "scored" for Rapid Rehousing (RRH) w/ a co-occurring Domestic Violence (DV) history. The HACB staff would monitor the RRH waiting list set up specifically for SH potential participants & contact those w/ the highest scores.

The Women's Center (WCBC) would make referrals directly to CE from their shelter. The CE staff can be mobile & would go to WCBC for the screening if needed for safety reasons.

HACB & WCBC will publicize this pgm at CoC & Social Services meetings as well as have flyers available in places where the WCBC already places safety material. We believe some HHs fleeing DV will go directly to CE as "walk-ins". CE would then make a referral to WCBC for shelter if the HH requires that service.

SH will work w/ the non-CoC Veteran RRH pgm to maximize the potential participant base & use of RRH funds.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding



3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:			\$147,216
Total Units:			16
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	PA - Pittsburgh, PA HUD Metro FMR Are...	16	\$147,216

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: PA - Pittsburgh, PA HUD Metro FMR Area (4200399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$425	x	12	=	\$0
0 Bedroom	2	x	\$566	x	12	=	\$13,584
1 Bedroom	6	x	\$657	x	12	=	\$47,304

2 Bedrooms	5	x	\$822	x	12	=	\$49,320
3 Bedrooms	3	x	\$1,028	x	12	=	\$37,008
4 Bedrooms		x	\$1,133	x	12	=	\$0
5 Bedrooms		x	\$1,303	x	12	=	\$0
6 Bedrooms		x	\$1,473	x	12	=	\$0
7 Bedrooms		x	\$1,643	x	12	=	\$0
8 Bedrooms		x	\$1,813	x	12	=	\$0
9 Bedrooms		x	\$1,983	x	12	=	\$0
Total Units and Annual Assistance Requested	16						\$147,216
Grant Term							1 Year
Total Request for Grant Term							\$147,216

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	Provide an initial holistic assessment of HH need & subsequent ongoing assessment for 16HHs	\$15,100
2. Assistance with Moving Costs	Arrange w/ moving svcs as needed for 10 HHs	\$2,500
3. Case Management	Safety planning, trauma-informed counseling, legal advocacy for 16 HHs	\$20,100
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Provide gift cards for local grocery stores for 16HHs as needed	\$3,000
8. Housing/Counseling Services	Housing search. Coordination/advocacy svcs for placement for 16 HHs	\$5,000
9. Legal Services	Legal advice for 6 HHs	\$3,000
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		

13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Provide bus ticket/passes, gift cards for gasoline for 14 HHs as needed	\$3,000
16. Utility Deposits	Provide utility deposits for 14 HHs as needed	\$2,700
17. Operating Costs		
Total Annual Assistance Requested		\$54,400
Grant Term		1 Year
Total Request for Grant Term		\$54,400

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$62,322
Total Value of All Commitments:	\$62,322

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Salvation Army	07/30/2018	\$16,800
Yes	In-Kind	Government	Beaver County Beh...	08/14/2018	\$34,802
Yes	In-Kind	Private	Women's Center of...	08/07/2018	\$10,720

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: Salvation Army
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/30/2018
6. Value of Written Commitment: \$16,800

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: Beaver County Behavioral Health
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/14/2018
6. Value of Written Commitment: \$34,802

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: Women's Center of Beaver County
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/07/2018

6. Value of Written Commitment: \$10,720

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$147,216	1 Year	\$147,216
4. Supportive Services	\$54,400	1 Year	\$54,400
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$201,616
8. Admin (Up to 10%)			\$20,162
9. Total Assistance Plus Admin Requested			\$221,778
10. Cash Match			\$0
11. In-Kind Match			\$62,322
12. Total Match			\$62,322
13. Total Budget			\$284,100

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	HACB Finance Poli...	08/06/2018
3) Other Attachment(s)	No	SH match ltrs & 2...	08/14/2018

Attachment Details

Document Description:

Attachment Details

Document Description: HACB Finance Policy & Procedures

Attachment Details

Document Description: SH match ltrs & 24 CFR 578.53

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Brian Yaworsky

Date: 08/14/2018

Title: Executive Director

Applicant Organization: Housing Authority of the County of Beaver

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/24/2018
1E. SF-424 Compliance	07/24/2018
1F. SF-424 Declaration	07/24/2018
1G. HUD 2880	07/24/2018
1H. HUD 50070	07/24/2018
1I. Cert. Lobbying	07/24/2018
1J. SF-LLL	07/24/2018
2A. Subrecipients	No Input Required
2B. Experience	08/06/2018
3A. Project Detail	07/24/2018
3B. Description	08/14/2018
3C. Expansion	07/24/2018
4A. Services	08/14/2018
4B. Housing Type	08/14/2018
5A. Households	08/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/07/2018
6A. Funding Request	07/24/2018
6E. Rental Assistance	08/14/2018
6F. Supp Srvcs Budget	08/14/2018
6I. Match	08/14/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/08/2018
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	08/08/2018

Applicant: The Housing Authority of the County of Beaver

07-748-4996

Project: Safely Home

164004

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HOUSING AUTHORITY OF THE COUNTY OF BEAVER

Finance Policy and Procedures

Housing Authority of the County of Beaver

Finance Policy and Procedures

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Introduction

The Housing Authority of the County of Beaver (Housing Authority) Financial Policies and Procedures provide the policies and procedures for financial transactions within the business which must be followed by all staff. It also provides guidelines the Housing Authority will use to administer these policies. The purpose of these policies and procedures is to establish guidelines for developing financial goals and objectives, making financial decisions, reporting the financial status of the Housing Authority and managing the Authority's funds.

The Housing Authority will keep all financial policies current and relevant. From time to time it will be necessary to modify and amend some sections of the policies and procedures, or to add new procedures.

These policies and procedures apply to all employees.

Financial Responsibilities

The Board of Directors will approve the financial policies and review operations and activities on a periodic basis. They are also responsible for approving the annual budget.

The Housing Authority Comptroller will be responsible for oversight of the Accounting Department, participate in the selection of the outside auditors, annual budget presentation to the board, review monthly financial reports and approve expenditures as outlined in the Accounts Payable section of the Finance Policies and Procedures.

The Comptroller has the day-to-day operations responsibility for managing the Housing Authority's funds, ensuring the accuracy of accounting records, internal controls, financial objectives and policies, financial statement preparation, reporting to the U.S. Department of Housing and Urban Development (HUD), approving payment requests made to different agencies, and preparing journal entries.

The Accountant is supervised by the Comptroller and is responsible payroll processing and bank account reconciliations, drawdown requests, journal voucher entries for general ledger, general ledger account reconciliations for certain General Ledgers and accounts as determined by the Comptroller and all other functions as assigned by the Comptroller.

The Fiscal Assistants are supervised by the Comptroller and are responsible for accounts payable processing, bank account deposits for tenant accounts receivable, drawdown requests, journal voucher entries and journal voucher entry for general ledger, general ledger account reconciliations for certain General Ledgers and accounts as determined by the Comptroller and all other functions as assigned by the Comptroller.

Financial duties and responsibilities will be separated so that no one employee has sole control over cash receipts, disbursements, payroll, or reconciliation of accounts.

Bank Account Policy

Purpose of the Policy

This policy sets out the requirements for use of bank accounts, including opening and closing authorization, and reconciliation of bank accounts and bank account transactions.

The timely reconciliation of all bank accounts is a key control over cash. Reconciling the bank balance with the book balance (general ledger) is necessary to ensure that all receipts and disbursements are recorded, checks are clearing the bank in a reasonable time, reconciling items are appropriate and are being recorded and the reconciled bank balance agrees to the general ledger cash balance.

Procedures

Opening Bank Accounts

Any new bank accounts to be opened for the business must have the authorization of the Executive Director and the Board Members who will be the authorized signers on the account.

For each new bank account opened, the financial system must be updated and the bank account registered by the Accounting Department.

Closing Bank Accounts

When it is decided that a bank account is no longer necessary, the Executive Director will authorize the closure of the bank account.

The Comptroller will then be required to complete the following:

- ensure all transactions with respect to the account (including checks drawn) have been completed;
- deliver the bank a letter, signed by authorized signatories advising of the closure of the account;
- meet the bank's requirements with respect to account closure; and
- The Accountant will update the financial system and bank account register.

Bank Account Transactions

All deposits received must be deposited at the bank at least every three business days. Deposits still on site will be kept locked in the Accounting Department safe. Unidentified direct deposits will be investigated promptly to determine source of deposit. The Accounting Department will contact the applicable bank to resolve.

Checks outstanding for more than six months will be researched and re-issued as necessary. If unable to resolve, outstanding checks will be escheated following Pennsylvania's escheatment requirements.

Where a stop payment on a check is required, this will be authorized by the Accountant who will contact the applicable bank through the bank on line system and void the check. A fiscal assistant will void the check in the accounting system. If the Accounting Department is in possession of the check to be voided, the Fiscal Assistant will mark void on the check, cut out the signatures on the check and file the check.

ACH/Wire Transfers

- a. ACH or Wire transfers are transactions between preset Housing Authority Accounts. Only authorized user can initiate transfers.
- b. ACH transfers are only to be made by authorized Accounting Department staff with the appropriate security log in at the financial institution web site.

The financial institution has a secured web site that is to be used for all ACH transactions.

Transferring Funds

Funds transferred between Housing Authority accounts will be completed by authorized users in the Accounting Department. These transfers will be approved by the Executive Director, Deputy Executive Director, or the Comptroller.

Bank Account Reconciliations

- The Accountant and Fiscal Assistant will review the monthly bank statements for unusual disbursements and deposit activity. Any unusual activity is promptly and thoroughly investigated and reported to the Comptroller.
- The Accountant is responsible for all accounts of the Housing Authority. The Fiscal Assistant is responsible for all accounts that the Housing Authority acts as a management agent for.

- The Accountant and Fiscal Assistant have the responsibility to ensure that all bank accounts are reconciled within 10 days after the bank statements are available.
- The bank account reconciliation is performed by the Accountant and Fiscal Assistant who have no responsibility/authority to (1) sign checks, or (2) approve disbursements.
- The monthly bank account reconciliations are to be properly completed, documented, signed by the preparer, and maintained on file for subsequent review and audit.
- Bank account balances should be reviewed monthly to ensure that all balances are fully secured and that any security deposit account has a sufficient balance to cover the applicable liability on the Housing Authority general ledger.
- The Comptroller verifies the bank reconciliation report to the Housing Authority General Ledger.

- i. All requests for reimbursement of the petty cash funds shall be accompanied by the petty cash vouchers with original receipts and a check request indicating the amount being requested.
- j. Loans will never be made from the petty cash fund, and any shortages may be grounds for disciplinary action as per the personnel policy handbook.

Accounts Payable Policy

Purpose of the Policy

This policy provides guidelines to maintain control over the disbursement of funds by requiring proper approval and consistent application of procedures for payment transactions. This policy seeks to promote fiscal control, timely and accurate disbursement of funds for external purchases and employee reimbursements, and compliance with state and federal regulations and donor restrictions.

Procedures

- All invoices are reviewed and approved by the purchaser before payment with the exception of regular monthly invoices (i.e. utilities). Utility invoices for individual apartments that are currently occupied by tenants will be approved by the Administrative Assistant. The utility charges for these units will be charged to the appropriate tenant and paid to the utility company on behalf of the tenant. All other utility payments are reviewed by the Fiscal Assistant before processing. Additionally, all invoices, except monthly (i.e. Utility invoices, leases) are also approved by the Executive Director, Deputy Executive Director or Department Head.
- Refer to Procurement Policy for guidelines on large purchases.
- Refer to Capitalization Policy for capitalization guidelines of fixed asset purchases.
- The purchaser indicates the appropriate purpose and cost allocation center for allocation purposes on the original invoice is not readily apparent.
- The Accounts Payable Clerk processes payments from the current activity on original invoices. All prior balances and statements are investigated thoroughly before any payment is made.
- The Deputy Executive Director and Executive Director reviews and approves the Accounts Payable Transaction Register for accuracy.
- All checks are matched with the invoices and mailed. The checks have a facsimile signature that is printed on blank check stock through the accounting program with two authorized check signers (Executive Director and the Board Chairman).
- Check stubs and the invoice are filed by check number order in the Accounting Department.

- Checks will be mailed to recipients on the check release date.
- If the check is not to be mailed, the requesting document must be flagged as to who will pick up the check. Proper identification will be reviewed to assure the check is presented to the correct person.
- Voided checks are also maintained in the check folders and check number sequence is reviewed to ensure all check numbers are accounted for. These checks will have "VOID" written on the face of the check. Checks that have been damaged and never presented are shredded. The sequential number on the back of the check stock is recorded for damaged checks also to maintain the record of all check stock.
- The blank check stock is maintained in the Accountant's locked desk. The check stock is entirely blank. The blank check stock does have a sequence number of the back of the check. The sequence number is recorded with check numbers, check dates, type of check (i.e., AP, Housing Choice Voucher) The computer system encodes the Company name, address, routing and transit numbers on the checks at the time of printing. Checks for the District Court account and Family Savings account are manually prepared and journal vouchers written to record the payment.
- For monies withdrawn from any bank account by EFT or other online payment method, there must be two persons authorizing each payment. The approvals must be two of the authorized check signers. The only exceptions are:
 1. The Executive Director or Deputy Executive Director approves all internal transfers between Housing Authority bank accounts. This is accomplished by the Executive Director or Deputy Executive Director approving the Transfer Request forms prepared by the Accounting Department.
- The Accountant is responsible for the following duties in regards to stop payment on a check:
 1. Ensuring the check has not already been presented at the bank;
 2. Authorization to stop the payment on the bank by web system;
 4. Receiving confirmation of action from the bank of the stop payment; and
 5. Ensuring the details of the stop payment is kept in the applicable bank account reconciliation folder.

Petty Cash Policy

Purpose of the Policy

Petty cash should be used to pay for small business expenses up to \$500 where payments through accounts payable or credit card are not justified or appropriate.

- a. The number, types and amounts of each Petty Cash fund, will be authorized by the Executive Director or Deputy Executive Director. Each fund will be established by drawing a check payable to the custodian of the petty cash fund, for the amount authorized by the Executive Director. The transaction will be recorded in the General Ledger as a debit to Petty Cash Fund and a credit to Cash. Once established, no further debits or credits will be recorded to the Petty Cash General Ledger account unless the amount to be carried in the account is changed by the Authority. Increases in a petty cash fund are subject to Executive Director or Deputy Executive Director Approval. Reimbursement will be accomplished with a debit to expense and a credit to cash in the proper program.
- b. The petty cash fund is to be used only for materials and normal operational needs for purchases totalling less than \$500.00. Purchases that are not urgent, or are of a recurring nature must follow the Procurement Policy.
- c. The petty cash fund shall be the responsibility of each designated custodian and no other employee or official shall have access to it except for periodic audits and cash counts in the custodians' presence.
- d. Petty cash funds must be kept in a locked box, within a drawer that is locked at the close of business, and must never leave the office.
- e. Collection funds shall not be mingled with petty cash funds. Collections, travel reimbursements, and any other receipts must follow the appropriate established procedures.
- f. Periodically, the custodian will verify that the fund contains cash and receipts totalling the amount authorized. Any shortages will be immediately reported to the Comptroller.
- g. Periodic unannounced audits of the petty cash fund will be conducted. The custodian will be present and witness the audit. A record of audits conducted will be kept on file.
- h. All disbursements from the petty cash fund shall be supported by original receipts accompanied by a petty cash voucher showing the person making the purchase, the purpose for the purchase, project/unit numbers if appropriate, and signature of the person receiving the reimbursement.

Use of Business Credit Card Policy

Purpose of the Policy

This policy provides guidelines for the issue and use of business credit cards.

Procedures

- The business credit card should only be used for authorized purchases and expenses. No cash advances are to be taken using the business credit card. There are two business credit cards; all cards are held by the Comptroller. One card has a credit limit of \$10,000 and the other card has a credit limit of \$50,000.
- The business credit card will only be approved to be used with the Executive Director, Deputy Executive Director or Comptroller's approval. No cards are to be kept overnight. Purchase must be made and the card and receipt must be given back to the Comptroller.
- The gas fleet credit cards are maintained by maintenance personnel or in the glove compartments of the shared vehicles. The Accounting Department maintains the list of pin numbers.
- All users of the business credit cards are required to submit the written receipts to the Fiscal Assistant. The Fiscal Assistant will reconcile the monthly credit card statement to the receipts, and attach all receipts for payments made on the credit card. Upon completion of these steps, the Fiscal Assistant processes the check (see the Accounts Payable Policies above).
- The users of the gas fleet credit cards are responsible for submitting receipts to the Fiscal Assistant, who will reconcile the monthly credit card statement to the receipts, and attach all receipts for payments made on the fleet cards. Upon completion of these steps, the Fiscal Assistant processes the check (see Accounts Payable Policies above).
- If a business credit card/fleet gas card is lost or stolen, then the owner of this card is to notify the Fiscal Assistant who is responsible for notifying the issuing agency and ensuring the card is cancelled.
- All gas fleet credit cards are to be returned to the Housing Authority when the person is no longer an employee of the Housing Authority.
- The use of the business credit card/fleet gas credit card is not to be used for personal expenses.

Employee Reimbursements Expense Policy

Purpose of the Policy

This policy provides guidelines for the reimbursement of employee travel and expense costs.

Procedures

- Reimbursement requests for business mileage incurred when an employee uses their personal vehicle plus any related parking charges are submitted on a Travel Expense Voucher. (Parking receipts must be attached to the Travel Expense Voucher). The employee submits the completed Travel Expense Voucher to their supervisor for approval. All Travel Expense Vouchers are also approved by the Executive Director and Comptroller.
- Mileage rates for use of personal vehicles will be based on the Internal Revenue Service Standard mileage rate. The mileage rate is in lieu of actual expenses for the vehicle.
- Additionally, when an employee travels on business, the Administrative Assistant completes a Per Diem Request before the travel dates. Hotel costs are listed on the form, along with the established per diem amounts for meals. The employee receives the travel advance check before the travel dates. (see the Personnel Policy)
- Once travel is completed, the employee is responsible for completing a Travel Expense form. This form is used to list all actual expenses of the trip. Receipts are required to be submitted for the hotel, parking and other expenses, except for the per diem meal expenses and gratuities. The employee signs the form and the employee's supervisor also approves the form. If actual expenses are more than the advance received, the employee receives a check for the additional amount. If the advance received is more than the actual expenses, the employee owes the excess advance back to the Housing Authority within 30 days of the travel. The Comptroller maintains a listing to ensure that all Travel Expense forms are received from employees and that the Housing Authority is reimbursed any excess travel advances from employees.

Cash Receipts Policy

Purpose of the Policy

This policy provides guidelines for depositing, recording and accounting for all Housing Authority funds. This policy promotes the timely deposit of, and observance of internal controls for funds deposited into authorized Housing Authority bank accounts, thereby promoting sound cash management practices and minimizing the Housing Authority's risk of financial loss.

Procedures

The Housing Authority receives deposits in the mail, at the front counter of the Housing Authority's Central Administrative office, by lockbox deposits at the Housing Authority's Central Administrative office, through the manager's mail, and by ACH transactions deposited directly into the Housing Authority's bank accounts.

- The Administrative Assistant sorts all mail and disburses to the appropriate department. Tenant checks/cash received for the payment of a tenant's rent are given to a Clerk in the Accounting Department and/or Fiscal Assistant for processing. All other checks received are given to the Accountant for processing.
- Cash is only received at the Central Office for rare circumstances if a tenant is being locked out of their apartment. If a tenant who is being locked out presents themselves at the Central Office with cash the receptionist informs the Administrative Assistant. The Administrative Assistant goes to the front counter and verifies the amount received and initials the receipt along with the initials of the receptionist who collects the cash from the tenant. The Administrative Assistant gives the cash to the Fiscal Assistant who again counts the cash. The cash payment is noted on the daily collection report and deposit is made by the Fiscal Assistant and recorded on the tenant account.
- Project Managers/Management Aides are required to submit payments collected in the field to the Central Office in the next courier delivery. The payments are to be recorded on the Rent Payment Summary form and the checks and money orders attached when submitted to the Central Office for processing.
- All cash or checks received at the Central Office will be kept in the accounting department safe. The office is protected by a security system during non-business hours.

- Two employees of the accounting department will be used to reconcile the receipts and deposit slip for the tenant rental payments. The employees will post all tenant receipts (i.e. mail, front counter) daily into the tenant accounts receivable software system and print a tenant deposit receipt register reports from the system. All payments will be endorsed with a rubber stamp "For Deposit Only". The endorsement stamp will specify the deposits are to be made into the housing authority account.
- The Comptroller will review the bank deposit slip to the Tenant Cash Receipt Register to assure that the deposit slip matches the tenant cash receipts register. The Comptroller then initials the deposit slip.
- The Comptroller is responsible for taking deposits to the banks at least every three business days. In the absence of the Comptroller, the Accountant will make the bank deposits.
- The Fiscal Assistant or Accountant will match the deposit slip copies and tenant accounts receivable system reports with the deposit receipt received from the bank.
- All funds received through the ACH system will be posted to the appropriate tenant account.
- All receipts and related system reports are filed in the Accounting Department by date and by bank account.
- Bank account reconciliations are performed monthly by the Accountant/Fiscal Assistant as noted in the Bank Account Policy section.
- All checks (not including rental checks) will be recorded by the Administrative Assistant in the Executive Office before being given to the Accounting Department.

Payroll Processing Policy

Purpose of the Policy

This policy provides guidelines for processing salary and wage payments to employees, both as part of the regular payroll cycle as well as outside of the regular payroll cycle when necessary.

The purpose of this policy is to formalize Housing Authority practices, to facilitate compliance with federal, state and local laws and related regulations, and to ensure that time records are accurately reported.

Procedures

- Employees who work different programs, developments or grants are required to complete a time sheet at the end of each pay period. Accurate and timely reporting of employee time and attendance is the responsibility of the employee. Employees must assume responsibility for accurately reporting his/her hours for each scheduled work day. Employees sign their timesheets and submit to the Accountant. The Comptroller and Executive Director sign and approve each time sheet.
- The Accountant is then responsible for preparing an attendance summary sheet for Housing Authority employees for the payroll period. The attendance summary sheet includes any paid time off (vacation, sick, holiday, personal, unpaid time off) for every employee. Sick, personal, and vacation time are entered on a excel spreadsheet. The excel spreadsheet keeps track of the number of paid absences an employee has taken in a calendar year.
- The Accountant is then responsible for reviewing, approving, and comparing the time reported on the employee time sheet to the attendance summary sheets for the pay period.
- The Accountant prepares an excel spreadsheet for Housing Authority employees who are salaried employees and who submit time sheets. This excel spreadsheet is uploaded into the third party payroll software.
- For hourly employees, Maintenance Mechanics, Maintenance Helpers and Maintenance Aides, their time sheets are processed in the following manner. The Maintenance Mechanics and the Maintenance Helpers enter their time into a work order in the housing software system. A Clerk in the Accounting Department enters the time into a work order in the housing software for the Maintenance Aides. The time is entered into the work order module in housing software system on a daily basis. At the end of the pay period, the clerk

reviews the number of hours for each hourly employee, and reviews and corrects any discrepancies. Once the hours have been reviewed and are accurate, the Clerk creates a excel file. The Accountant then reviews the excel file to verify total hours worked, personal days, and vacation days. The Accountant then uploads the file into the ADP software.

- The Accounting Department processes payroll using an outside vendor. Currently, payroll is processed using a third party payroll system. The Accounting Department enters all payroll information for the current payroll period using the third party payroll company's website. As part of processing, the Accounting Department reviews the timesheets against the payroll summary sheets and resolves any discrepancies. Once payroll is processed, the third party payroll vendor mails pay checks along with payroll reports. The Accountant reviews the payroll stubs and reports against the payroll summary sheets one more time to ensure that they are accurate.
- If a manual payroll check needs to be processed, the Accounting Department will use the paycheck calculator on using the third party payroll company's website to calculate the net amount of the paycheck to be processed. Supporting reports will be printed from the third party payroll company's website. All supporting documentation will be submitted to the Comptroller for approval. The Accountant will process the manual paycheck. Year-to-date payroll totals for the employee will automatically be updated the next time a regular payroll is processed.
- Payroll checks are handed to employees on the actual payroll date. If an employee has direct deposit, no pay stub is given to the employee. If an employee has direct deposit, the employee may receive a copy of their pay stub from using the third party payroll company's employee portal website. Direct deposit is not mandatory.
- The Accounting Department maintains the file of all original timesheets based on IRS and HUD retention policies.
- Employees are responsible for reviewing their pay stubs for accuracy.
- The outside payroll processor is responsible for submitting all required payroll taxes and filings to the appropriate governmental agency. The Accountant is responsible for remitting the Local Service Tax (LST) quarterly. The Accountant is responsible for printing tax filing reports quarterly and reviewing for accuracy. Additionally, the Accounting Department is responsible for responding and resolving any tax notification related correspondence that the Housing Authority receives.
- New employees must complete a New Employee Payroll Information form. As part of this reporting, a cancelled personal check must be attached so that direct deposit of payroll can

be set up. A W-4 form must also be submitted, along with a copy of the employee's driver's license (or other photo identification) and their social security card. A new employee will not be set up on the payroll system until these forms are received.

Loan/Note Policy

Purpose of the Policy

This policy provides guidelines for all notes, loans and other indebtedness to be contracted in the name of the Housing Authority.

Procedures

All notes, loans or other indebtedness to be contracted in the name of the Housing Authority (except open accounts and all other routine banking transactions) shall require the signature of the Executive Director and the Chairman of the Board of Directors. In addition, all indebtedness must be approved through a Resolution by the Board of Directors.

Financial Data Reconciliation Policy

Purpose of the Policy

This policy provides guidelines for reconciling, verifying, and substantiating financial information used by Housing Authority personnel for administrative and programmatic decision-making. The policy ensures that the information transmitted to, contained in, and reported from the Housing Authority's financial systems is accurate, complete and recorded in a timely manner; the information can be relied upon for making financial and administrative decisions; and departments can identify and quickly report fraud, theft, compliance violations, and other irregularities to the appropriate authorities. Housing Authority personnel must comply with the requirements of this policy to ensure that an effective internal control environment is maintained.

Procedures

The Accounting Department must:

- Review financial information on a regular and timely basis.
- Use reports to verify revenue and expenditure transactions, payroll transactions, and other financial transactions for accuracy and completeness, monthly (at a minimum).
- Reconcile balance sheet accounts monthly. Monthly balance sheet account reconciliations do not have to be documented in writing but year-end balance sheet account reconciliations must be documented and supporting reports printed/copied. These procedures will ensure the transactions are reconciled and appropriate for the account.

Financial Reporting Policy

Purpose of the Policy

This policy provides guidelines for developing financial goals and objectives, making financial decisions, reporting the financial status of the Housing Authority, and managing the Authority's funds.

Procedures

- The Housing Authority's Comptroller will be responsible for preparing an annual operating budget and submitting to the Board of Directors at the April board meeting each year. The budget shall contain revenue and expenses by program for the Housing Authority. The annual budget is approved by the Board of Directors.
- The Accounting Department will prepare monthly financial statements for each program of the Housing Authority, as well as consolidated statements for the various segments of the Authority. The format will be approved by the Comptroller. The Executive Director will receive a complete package of these reports each month. The Board of Directors will receive the consolidated statements at the monthly board meetings, and may request the detailed pages as necessary.
- The Accounting Department prepares the monthly financial statements on a modified accrual basis.
- The Housing Authority's year-end financial statements are prepared on an accrual basis in accordance with Generally Accepted Accounting Principles (GAAP).
- The Housing Authority will have an audit of its financial statements annually. The audit shall be completed by a firm of Independent Certified Public Accountants. The Comptroller will have the direct responsibility of overseeing the implementation of the annual financial audit. The completed audit report will be presented to the Board of Directors upon completion. A representative of the audit firm shall be required to make a presentation to the Board if the audit report opinion is other than unqualified.
- Financial records are restricted materials with limited access. Only the Accounting Department (or others so authorized) shall have access to financial records (vendor files, checks, journals, receipts, payroll, etc.).

- Financial documents are retained for a period of time in keeping with HUD regulations, State law and the recommendations of the IRS.
- The Housing Authority is exempt from federal income taxes. Accordingly, no provisions for income taxes shall be reflected in the financial statements.
- Cooperation agreements will be executed with the local governing bodies; services will be provided by the local governing bodies in accordance with such agreements; and the Housing Authority will make payments in lieu of taxes (PILOT) in accordance with the provisions of the agreements.

Insurance Policy

Purpose of the Policy

This policy provides guidelines for maintaining reasonable and adequate insurance to protect the Housing Authority's interests as well as the Board of Directors and the Authority's employees.

Procedures

The following insurance policies will be kept on an annual basis: Commercial Property, General Liability, Auto, Directors and Officers Liability, Fidelity Bond/Crime, Flood, Workers' Compensation, Employees' Health, Short-Term and Long-Term Disability, and Group Term Life Insurance.

Insurance policies will be carefully reviewed by the Comptroller and/or the Executive Director before renewal each year.

Grant Compliance Policy

Purpose of the Policy

This policy provides guidelines for grant compliance documentation, proper accounting and timely fiscal reporting in compliance with grant requirements.

Procedures

Primary responsibility for adhering to these policies and procedures rests with the following Individuals:

1. Executive Director

- a. Identifies federal, state or local government and other funding opportunities.
- b. Seeks funds from federal, state or local government sources and other sources.
- c. Secures all required approvals for proposals for federal, state or local government funding and other funding.
- d. Upon approval by all parties, ensures that original documents are signed and submitted on time.
- e. Procures matching funds as required by the grant.

2. Capital Grant Program

- a. The Fiscal Assistant/Accountant and Director of Operations manages the grant project according to U.S. Department of Housing and Urban Development requirements, standards, and guidance contained within the grant terms and conditions. Any grant amendments such as changes in the scope of work, budget, and performance period will be submitted to grantor agency. All deliverables will be completed as stated in grant application.
- b. The Fiscal Assistant/Accountant and Director of Operations monitors grant revenue and expenditure and monitors grant deadlines. Tracks cumulative expenditures by category (payroll, materials, labor, etc.) in order to assure that constraints contained in the grant contract are not violated.
- c. The Fiscal Assistant/Accountant prepares a monthly grant-to-date total report by grant. These reports are compared to the general ledger to assure that the general ledger and grant reports match. This report will be provided to the Director of Operations, Executive Director, Deputy Executive Director, and Comptroller.
- d. The Comptroller and Fiscal Assistant/Accountant are responsible for preparing all reports as required by the grant. The Director of Operations will work with the Fiscal Assistant/Accountant in

- the preparation of all annual financial reports that are required. Upon completion of the grant award, the Fiscal Assistant/Accountant and Comptroller will submit any required final reports.
- e. The Fiscal Assistant/Accountant and Director of Operations will maintain the supporting project documentation in accordance with the record retention and auditing requirements of the grant and in accordance with the records retention policy and audit requirements.
 - f. Expenditures for the grants will be initiated by approved original vendor invoices which will be signed by the Director of Operations and the Executive Director. Payments will be processed by the Accounting Department in the normal course of operations and all internal controls over every day disbursements will apply to grant-related expenditures.
 - g. All invoices will be paid in accordance with the Accounts Payable Policy.
 - h. The Fiscal Assistant/Accountant is responsible for submitting fund requests through eLoccs. Funding requests, in the form of contractor payment requests or requests for other reimbursements, must be supported by the original vendor invoices and time sheet summaries, and journal vouchers. These documents will be attached to the eLoccs requests and filed. No funds will be drawdown more than 72 hours prior to disbursement.
 - i. The Fiscal Assistant/Accountant will by the 5th of the month record the obligations and expenditures in eLoccs.

3. All Other Grants

- a. All Grants will be filed in a folder with the signed grant document (County Resolution, HUD Approval Letter) on the left side of the folder with the grant number and name on the label of the folder.
- b. All invoices will be paid in accordance with the Accounts Payable Policy.
- c. The Fiscal Assistant in charge of Accounts Payable will make a copy of the invoice and submit to the Fiscal Assistant/Accountant responsible for financial oversight of the grant.
- d. The Accountant will drawdown the funds from eLoccs for all HUD grants. No funds will be drawdown more than 72 hours prior to disbursement.
- e. Grants through the Community Development Agency will be drawdown on a monthly basis.
- f. All requests for funds/drawdowns will be signed by the Executive Director, Deputy Executive Director, or Comptroller.
- g. The Fiscal Assistant/Accountant prepares a grant-to-date total report by grant. These reports are compared to the general ledger to assure that the general ledger and grant reports match.
- h. The Fiscal Assistant/ Accountant will prepare all financial reports as required by the grant.
- i. The financial records and supporting documentation in accordance with the record retention and auditing requirements of the grant and in accordance with the records retention policy and audit requirements.



Record Retention

All financial records shall be retained in accordance with retention policy of the IRS, HUD, and State and Federal Law. No records in the Accounting Department shall be disposed of without the approval of the Executive Director and Comptroller.

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excess funds for covering the costs of rent increases, or for serving a greater number of program participants.

(i) *Vacancies.* If a unit assisted under this section is vacated before the expiration of the lease, the assistance for the unit may continue for a maximum of 30 days from the end of the month in which the unit was vacated, unless occupied by another eligible person. No additional assistance will be paid until the unit is occupied by another eligible person. Brief periods of stays in institutions, not to exceed 90 days for each occurrence, are not considered vacancies.

(j) *Property damage.* Recipients and subrecipients may use grant funds in an amount not to exceed one month's rent to pay for any damage to housing due to the action of a program participant. This shall be a one-time cost per participant, incurred at the time a participant exits a housing unit.

(k) *Resident rent.* Rent must be calculated as provided in § 578.77. Rents collected from program participants are program income and may be used as provided under § 578.97.

(l) *Leases.* (1) *Initial lease.* For project-based, sponsor-based, or tenant-based rental assistance, program participants must enter into a lease agreement for a term of at least one year, which is terminable for cause. The leases must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

(2) *Initial lease for transitional housing.* Program participants in transitional housing must enter into a lease agreement for a term of at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.

§ 578.53 Supportive services.

(a) *In general.* Grant funds may be used to pay the eligible costs of supportive services that address the special needs of the program participants. If the supportive services are provided in a supportive service facility not contained in a housing structure, the costs of day-to-day operation of the supportive service facility, including maintenance, repair, building security,

furniture, utilities, and equipment are eligible as a supportive service.

(1) Supportive services must be necessary to assist program participants obtain and maintain housing.

(2) Recipients and subrecipients shall conduct an annual assessment of the service needs of the program participants and should adjust services accordingly.

(b) *Duration.* (1) For a transitional housing project, supportive services must be made available to residents throughout the duration of their residence in the project.

(2) Permanent supportive housing projects must provide supportive services for the residents to enable them to live as independently as is practicable throughout the duration of their residence in the project.

(3) Services may also be provided to former residents of transitional housing and current residents of permanent housing who were homeless in the prior 6 months, for no more than 6 months after leaving transitional housing or homelessness, respectively, to assist their adjustment to independent living.

(4) Rapid rehousing projects must require the program participant to meet with a case manager not less than once per month as set forth in § 578.37(a)(1)(ii)(F), to assist the program participant in maintaining long-term housing stability.

(c) *Special populations.* All eligible costs are eligible to the same extent for program participants who are unaccompanied homeless youth; persons living with HIV/AIDS; and victims of domestic violence, dating violence, sexual assault, or stalking.

(d) *Ineligible costs.* Any cost that is not described as an eligible cost under this section is not an eligible cost of providing supportive services using Continuum of Care program funds. Staff training and the costs of obtaining professional licenses or certifications needed to provide supportive services are not eligible costs.

(e) *Eligible costs.*

(1) *Annual Assessment of Service Needs.* The costs of the assessment required by § 578.53(a)(2) are eligible costs.

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(2) *Assistance with moving costs.* Reasonable one-time moving costs are eligible and include truck rental and hiring a moving company.

(3) *Case management.* The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s) are eligible costs. Component services and activities consist of:

- (i) Counseling;
- (ii) Developing, securing, and coordinating services;
- (iii) Using the centralized or coordinated assessment system as required under § 578.23(c)(9).
- (iv) Obtaining federal, State, and local benefits;
- (v) Monitoring and evaluating program participant progress;
- (vi) Providing information and referrals to other providers;
- (vii) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and
- (viii) Developing an individualized housing and service plan, including planning a path to permanent housing stability.

(4) *Child care.* The costs of establishing and operating child care, and providing child-care vouchers, for children from families experiencing homelessness, including providing meals and snacks, and comprehensive and coordinated developmental activities, are eligible.

(i) The children must be under the age of 13, unless they are disabled children.

(ii) Disabled children must be under the age of 18.

(iii) The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.

(5) *Education services.* The costs of improving knowledge and basic educational skills are eligible.

(i) Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).

(ii) Component services or activities are screening, assessment and testing;

individual or group instruction; tutoring; provision of books, supplies, and instructional material; counseling; and referral to community resources.

(6) *Employment assistance and job training.* The costs of establishing and operating employment assistance and job training programs are eligible, including classroom, online and/or computer instruction, on-the-job instruction, services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is also an eligible cost.

(i) Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates.

(ii) Services that assist individuals in securing employment consist of:

- (A) Employment screening, assessment, or testing;
- (B) Structured job skills and job-seeking skills;
- (C) Special training and tutoring, including literacy training and pre-vocational training;
- (D) Books and instructional material;
- (E) Counseling or job coaching; and
- (F) Referral to community resources.

(7) *Food.* The cost of providing meals or groceries to program participants is eligible.

(8) *Housing search and counseling services.* Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible.

(i) Component services or activities are tenant counseling; assisting individuals and families to understand leases; securing utilities; and making moving arrangements.

(ii) Other eligible costs are:

- (A) Mediation with property owners and landlords on behalf of eligible program participants;
- (B) Credit counseling, accessing a free personal credit report, and resolving personal credit issues; and
- (C) The payment of rental application fees.

(9) *Legal services.* Eligible costs are the fees charged by licensed attorneys and by person(s) under the supervision

of licensed attorneys, for advice and representation in matters that interfere with the homeless individual or family's ability to obtain and retain housing.

(i) Eligible subject matters are child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; landlord tenant disputes; and the resolution of outstanding criminal warrants.

(ii) Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

(iii) Fees based on the actual service performed (i.e., fee for service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the subrecipient is a legal services provider and performs the services itself, the eligible costs are the subrecipient's employees' salaries and other costs necessary to perform the services.

(iv) Legal services for immigration and citizenship matters and issues related to mortgages and homeownership are ineligible. Retainer fee arrangements and contingency fee arrangements are ineligible.

(10) *Life skills training.* The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.

(11) *Mental health services.* Eligible costs are the direct outpatient treatment of mental health conditions that are provided by licensed professionals. Component services are crisis interven-

tions; counseling; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

(12) *Outpatient health services.* Eligible costs are the direct outpatient treatment of medical conditions when provided by licensed medical professionals including:

(i) Providing an analysis or assessment of an individual's health problems and the development of a treatment plan;

(ii) Assisting individuals to understand their health needs;

(iii) Providing directly or assisting individuals to obtain and utilize appropriate medical treatment;

(iv) Preventive medical care and health maintenance services, including in-home health services and emergency medical services;

(v) Provision of appropriate medication;

(vi) Providing follow-up services; and

(vii) Preventive and noncosmetic dental care.

(13) *Outreach services.* The costs of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants, are eligible.

(i) Eligible costs include the outreach worker's transportation costs and a cell phone to be used by the individual performing the outreach.

(ii) Component activities and services consist of: initial assessment; crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; actively connecting and providing people with information and referrals to homeless and mainstream programs; and publicizing the availability of the housing and/or services provided within the geographic area covered by the Continuum of Care.

(14) *Substance abuse treatment services.* The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.

§578.55

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(15) *Transportation.* Eligible costs are:

(i) The costs of program participant's travel on public transportation or in a vehicle provided by the recipient or subrecipient to and from medical care, employment, child care, or other services eligible under this section.

(ii) Mileage allowance for service workers to visit program participants and to carry out housing quality inspections;

(iii) The cost of purchasing or leasing a vehicle in which staff transports program participants and/or staff serving program participants;

(iv) The cost of gas, insurance, taxes, and maintenance for the vehicle;

(v) The costs of recipient or subrecipient staff to accompany or assist program participants to utilize public transportation; and

(vi) If public transportation options are not sufficient within the area, the recipient may make a one-time payment on behalf of a program participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:

(A) Payments for car repairs or maintenance on behalf of the program participant may not exceed 10 percent of the Blue Book value of the vehicle (Blue Book refers to the guidebook that compiles and quotes prices for new and used automobiles and other vehicles of all makes, models, and types);

(B) Payments for car repairs or maintenance must be paid by the recipient or subrecipient directly to the third party that repairs or maintains the car; and

(C) The recipients or subrecipients may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance.

(16) *Utility deposits.* This form of assistance consists of paying for utility deposits. Utility deposits must be a one-time fee, paid to utility companies.

(17) *Direct provision of services.* If the service described in paragraphs (e)(1) through (e)(16) of this section is being directly delivered by the recipient or subrecipient, eligible costs for those services also include:

(i) The costs of labor or supplies, and materials incurred by the recipient or

subrecipient in directly providing supportive services to program participants; and

(ii) The salary and benefit packages of the recipient and subrecipient staff who directly deliver the services.

§578.55 Operating costs.

(a) *Use.* Grant funds may be used to pay the costs of the day-to-day operation of transitional and permanent housing in a single structure or individual housing units.

(b) *Eligible costs.* (1) The maintenance and repair of housing;

(2) Property taxes and insurance;

(3) Scheduled payments to a reserve for replacement of major systems of the housing (provided that the payments must be based on the useful life of the system and expected replacement cost);

(4) Building security for a structure where more than 50 percent of the units or area is paid for with grant funds;

(5) Electricity, gas, and water;

(6) Furniture; and

(7) Equipment.

(c) *Ineligible costs.* Program funds may not be used for rental assistance and operating costs in the same project. Program funds may not be used for the operating costs of emergency shelter- and supportive service-only facilities. Program funds may not be used for the maintenance and repair of housing where the costs of maintaining and repairing the housing are included in the lease.

§578.57 Homeless Management Information System.

(a) *Eligible costs.* (1) The recipient or subrecipient may use Continuum of Care program funds to pay the costs of contributing data to the HMIS designated by the Continuum of Care, including the costs of:

(i) Purchasing or leasing computer hardware;

(ii) Purchasing software or software licenses;

(iii) Purchasing or leasing equipment, including telephones, fax machines, and furniture;

(iv) Obtaining technical support;

(v) Leasing office space;

Andre' Cox
General



William Bamford III
Territorial Commander

THE SALVATION ARMY

Founded in 1865 by William Booth

OFFICE OF THE COUNTY COORDINATOR
414 SIXTEENTH STREET • BOX 600 • BEAVER FALLS, PA 15010

Telephone (724) 846-2330 • Fax (724) 846-9551

The Housing Authority of the County of Beaver
300 State Street
Beaver, PA 15009

July 30, 2018

Dear Mr. Yaworsky:

This letter is written in-kind commitment for the rapid rehousing program proposed by The Housing Authority of the County of Beaver and the individuals they will serve.

As proposed, the program will serve 16 households. Providing the households meet eligibility requirements and utilized the Beaver County Salvation Army Foodbank (12 monthly food bank visits, the Christmas box assistance and 1 emergency food box). The Salvation Army pledges \$16,800 for the operating year 2019-2020. This figure is based on \$75 per food bank visit.

Sincerely,

Fabi Soto
Beaver Falls Corps Officer



BEAVER COUNTY BEHAVIORAL HEALTH

August 14, 2018

Mr. Brian Yaworsky
Housing Authority of the County of Beaver
300 State Avenue
Beaver, PA 15009

Dear Mr. Yaworsky,

This letter is being written to support your 2018 Safely Home application to HUD for Rapid Rehousing funds to serve the housing needs for Domestic Violence survivors.

Beaver County Behavioral Health commits to a one-year in-kind match of \$34,802 based on Safely Home serving 16 households/32 people, providing they meet the eligibility requirements and utilize publically funded behavioral health services/programs. This figure is based upon an average per member per month cost of \$90.63 for individuals enrolled in HealthChoices.

The in-kind match is pledged to Safely Home to provide behavioral health services which includes: intake, assessment, case management, supportive services and treatment.

Sincerely,

Herta K. Madder

Herta Madder, MA, MBA
HealthChoices Specialist

Cc: Gerard Mike, Administrator
Lisa McCoy, Deputy Administrator

Board of Commissioners
Daniel C. Camp, III, Chairman
Sandie Egley
Tony Amadio

BEAVER COUNTY
BEHAVIORAL HEALTH
1040 Eighth Avenue
Beaver Falls, PA 15010

Gerard Mike, Administrator

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724-891-2827 (DSU)
724-891-2865 (Fax)
724-847-6220 (D&A)
724-847-6223 (Fax)
1-800-318-8138
www.bcbh.org



*Leading our community to a future
where all members live free of
domestic violence and sexual assault.*

August 7, 2018

Mr. Brian Yaworsky
Housing Authority of the County of Beaver
300 State Avenue
Beaver, PA 15009

Dear Mr. Yaworsky,

This letter is being written to support your 2018 Safely Home application to HUD for Rapid Rehousing funds to serve the housing needs for Domestic Violence survivors.

The Women's Center of Beaver County commits to a one-year in-kind match of \$10,720 based on Safely Home serving 16 households/32 people.

The in-kind match is pledged to Safely Home to provide the following to each of the 16 households:

- Furniture and household items
- Clothing
- Personal Care Products

Sincerely,

R. Darlene Thomas
Executive Director

P.O. Box 428, Beaver, Pennsylvania 15009

Administrative (724) 775-2032 | Helpline 24/7 (724) 775-0131 | Fax (724) 775-2750
annex@womenscenterbc.org | www.womenscenterbc.org

